

boaters visiting Canada from the Great Lakes Region fell 15 percent in the 1996 boating season to just under 40,000. This translates to a loss of over \$2 million in destination spending on the Canadian side and it can be assumed that similar losses were felt on the United States side.

It is unfortunate that the recreational boating community has been on the receiving end of some bad Government programs in recent years. We all remember the ill-conceived boat luxury tax, the FCC radio license fee and, most recently, the marine diesel fuel tax. Fortunately, all of these programs have been repealed by Congress as detrimental to boater safety and the recreational boating economy. However, once again, we are making it harder and more expensive for law-abiding boaters to enjoy their chosen form of recreation.

I must confess that with all the complex issues to address during my first term in Congress, somehow the news of illegal immigrants cruising across the Great Lakes in power and sailboats got by me. Ever mindful of the problems experienced on our southern borders and with images of illegal aliens coming into Florida, California, and Texas burned into my memory. I rushed down to one of the many marinas in my congressional district, the Ashtabula Yacht Club. That Sunday afternoon was a sight to behold. Sure enough I witnessed 40 some sailboats boldly entering the harbor.

At this point the threat became clear to me. Men, women, and children of United States and Canadian descent docked their sailboats and came ashore illegally. They were barely clothed, sunburned, and the worst among them were telling lies.

While I expected the illegal aliens to soon depart to taste freedom in the interior of our great country—they did not. In fact, the next morning I watched as all of the Canadian boats returned to Port Stanley, ON. Soon after, I spoke to the Commodore of the Yacht Club to see how long this problem has been going on. He informed me that it was the 25th year of the Lake Erie International Sailboat Race between Ashtabula, OH and Port Stanley, ON, and that he hoped to expect the same type of trouble next season. I use this example to illustrate that things are not always as they appear. The cash registers of our local harbor district depend on this annual visit from our Canadian friends to help one of our most promising growth industries—recreational boating.

Mr. Speaker, my bill would not eliminate the I-68 program, but would simply allow recreational boaters the option of using their U.S. passport in lieu of the I-68 permit in order to reenter the United States after returning from Canadian shores. It seems to me that if a U.S. passport is good enough for all other international travel purposes, that boaters traveling between two friendly countries should also be afforded this option.

I would like to thank Representative STUPAK and my colleague from Ohio, Representative TRAFICANT for being original cosponsors of this simple yet important piece of legislation. I look forward to enthusiastic support from all Members of Congress bordering the Great Lakes.

## JAMES GILMORE NAMED 1997 PERSON OF THE YEAR BY THE COUNCIL OF SOUTH SIDE ADVANCEMENT ASSOCIATIONS

HON. GERALD D. KLECZKA

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 13, 1997*

Mr. KLECZKA. Mr. Speaker, I rise today to congratulate my friend, Mr. James Gilmore, on being named one of the 1997 Persons of the Year by the Council of South Side Advancement Associations.

In selecting Jim, the Council of South Side Advancement is honoring a man who has done much to maintain and improve the quality of life of Milwaukee's south side. Through his 25 years of service to the south side of Milwaukee, Jim has made a direct impact on the lives of many people in our community.

Over the years Jim Gilmore has shown his dedication to his neighborhood through his involvement in several community organizations. In addition, to serving on the board of directors for the Council of South Side Advancement, Jim is also involved in the Bay View Business Association, the South Side Scholarship Foundation, and St. Veronica's Parish. His involvement in these organizations demonstrates his desire to help his fellow neighbor in any way he can.

Jim Gilmore has clearly set an example for our entire community. I join the Council of South Side Advancement Associations in commending him on his outstanding dedication to the south side of Milwaukee, and I congratulate him on being named one of the 1997 Persons of the Year.

## THE ACCREDITATION ACCOUNTABILITY ACT OF 1997

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 13, 1997*

Mr. STARK. Mr. Speaker, today I am introducing a bill that requires all Medicare-accrediting organizations to hold public meetings and to ensure that at least a third of the governing board consists of members of the public.

Healthcare facilities must comply with certain conditions in order to participate in the Medicare Program. Through a process termed "deemed status," the Health Care Financing Administration relies on accrediting organizations to assure that Healthcare facilities are providing quality services to Medicare beneficiaries. The Joint Commission on Accreditation of Healthcare Organizations is one such organization. If a facility is accredited by the joint commission, for example, it is deemed to meet Medicare's conditions of participation.

When facilities are wrongly accredited, Medicare beneficiaries suffer. A 1988 Wall Street Journal investigation found that "accreditation masks serious failings in possibly hundreds of the 5,100 hospitals in America that are inspected and approved by the joint commission." The Journal also reported that many patients died as a result of receiving substandard care in hospitals that were considered "marginal" and that "many accredited hospitals had actually failed inspections but remained ac-

credited for months, even years, as they sought to correct their problems."

At a 1990 hearing, witnesses agreed on the need to improve the hospital accreditation process. Participants reported that accrediting organizations' survey standards lacked compatibility with Medicare's conditions of participation and that follow-up with noncompliant facilities was lacking.

Today, I am focusing on the importance of an accrediting organization's accountability to the public. Accrediting bodies should be managed and directed by a balanced combination of healthcare professionals and community representatives and consumers. Currently, many accrediting bodies are directed solely by leaders of the same organizations which they accredit. This is nothing more than the fox watching the chicken house.

The joint commission has attempted to increase its commitment to the public. Currently, 6 of its 28 accrediting board members are members of the public. Although a good start, it is not enough.

We should reconsider the dependence of accrediting organizations on funding and direction from the same healthcare organizations which they survey and accredit. A July 1996 report from the public citizen health research group charged that the joint commission is "a captive of the industry whose quality of service it purports to measure."

Further, the group concluded that the joint commission "fails to recognize the often conflicting interests of hospitals and the public" and puts the interest of healthcare institutions first when conflicts arise. I question the credibility of accrediting bodies, because their income currently depends on the facilities they are supposed to be monitoring. Until a balance of representation is brought to the boards which lead accrediting organizations, we cannot assure the interests of the public are truly being considered.

As the number of accrediting organizations increases, so does the need for public accountability. For this reason, I am introducing a bill that requires all Medicare-accrediting organizations to hold public meetings and to ensure that at least a third of the governing board consists of members of the public.

This bill is a first step in assuring quality of care for our Nation's Medicare beneficiaries through the accreditation process. I am currently working on a more comprehensive bill that will make accrediting organizations more accountable—accountable to the public as well as to the health care financing administration. The upcoming bill will require the following:

Accrediting organizations must release the status of all accredited facilities to the general public within a reasonable time frame.

HCFA must scrutinize all advertising claims which use data from accrediting organizations, and must deny accreditation to all healthcare organizations which falsify accreditation-related information.

Accrediting organizations must allow employees of healthcare organizations to meet with survey teams off-premises, must accept confidential testimony from healthcare workers during surveys, and must provide whistleblower protection for workers who report violations of accreditation rules.

Accrediting organizations must publicly disclose all payments received from organizations that are being accredited.